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## APPLICANTS

Nicholas F. Landolfi, Menlo Park, CA;

Naoya Tsurushita, Palo Alto, CA;

Paul R. Hinton, Sunnyvale, CA; Shankar Kumar, Pleasanton, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/533,901 12/30/2003 \*  
 and claims benefit of 60/445,640 02/07/2003

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

47470

LEGAL DEPARTMENT

PROTEIN DESIGN LABS, INC.

34801 CAMPUS DRIVE

FREMONT, CA

94555

## TITLE

Amphiregulin antibodies and their use to treat cancer and psoriasis

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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